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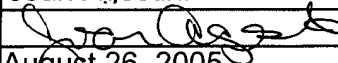
29619 7590 05/31/2005

SCHULTE ROTH & ZABEL LLP
ATTN: JOEL E. LUTZKER
919 THIRD AVENUE
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Joan Agostini (Depositor's name)
 (Signature)
August 26, 2005 (Date)

08/30/2005 SFELEKE2 00000027 10632624

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP
03 FC:8001 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/632,624	08/01/2003	Dieter Braun	637517/0017	4754

TITLE OF INVENTION: FLUID TRAP FOR OIL MIGRATION

TRADE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/31/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
FOOTLAND, LENARD A	3682	384-110000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 Schulte Roth & Zabel, LLP
- 2 Joel E. Lutzker
- 3 Anna Vishev

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minebea Co., Ltd.

Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☒ The Director is hereby authorized to charge payment of any additional fee(s), or credit any overpayment, to Deposit Account Number 50-0675, Order No. 881075.0004 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

David Toma

Date August 26, 2005

Registration No. 57,380

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